Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 21, 2021	2021_831211_0017	006637-21	Complaint

Licensee/Titulaire de permis

United Counties of Prescott and Russell
59 Court Street Box 304 L'orignal ON K0B 1K0

Long-Term Care Home/Foyer de soins de longue durée

Residence Prescott et Russell
1020 Cartier Boulevard Hawkesbury ON K6A 1W7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 21, 22, 23, 24, 2021 (onsite), October 8, 15, 2021 (offsite).

The following complaint intake Log # 006637-21 was inspected related to Residents' Bill of Rights, allegation of abuse and neglect, exercise, and pain management.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care (DOC) and a Registered Practical Nurse (RPN).

In addition, the inspector reviewed residents' health care records including progress notes, Behavioral sheets, electronic Pain Assessment, Care Plans, Physiotherapy Timesheet and emails between the resident's SDM and the Administrator.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Pain
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident's pain under the pain program, including assessments, reassessment, interventions and the resident’s response to intervention was documented.

The licensee initiated on a day in 2021; a pain management strategy titled “Behavioral D.O.S” sheets. The sheets indicated the use of a number corresponding system to identified behaviors such as location, type, and intensity of pain as well as medication administration.

1.Thirty days later, the progress notes written by a Registered Nursing Staff member indicated that the resident experienced a medical condition and the resident was repositioned. The resident mentioned having pain. The Registered Nursing Staff member asked the resident if the intervention and the repositioning helped to relieve the pain and the resident replied that the interventions did not help. The Registered Nursing Staff member offered a medication to relieve the pain and the resident refused.

The DOC stated that the Registered Nursing Staff member documented on the “DOS” sheet that the resident had expressed the presence of pain and was offered medication which was refused. The DOC validated that a “Pain Assessment” was not documented and the “D.O.S” was not completed as per the resident’s pain management strategy. The Registered Nursing Staff member had not quantified on the “D.O.S” the intensity of pain.

As such, a Registered Nursing Staff member did not assess, reassess and document the resident’s pain on the electronic “Pain Assessment” nor documented the resident’s level of pain as specified on the “DOS” sheet. The risk was that other interventions could not be put in place due to gaps in pain assessment.

2.Thirty-one days later, the progress notes indicated that the resident requested having an intervention. The Registered Nursing Staff member informed the resident that they provided the intervention as requested to the best of their abilities. The resident appeared to understand.

The DOC stated that the Registered Nursing Staff member documented on the “D.O.S” sheet that the resident expressed mild pain levels and that the resident’s intervention was provided. However, the Registered Nursing Staff member had not documented if the pain management strategy intervention was effective.

As such, the resident’s pain response and the effectiveness of the pain management

strategy was not documented and reassessed after the intervention.

Sources: Review of resident's health care records including the Behavioral sheets (D.O.S), the Medication Administration Records and the Pain Assessment under the POC. Interviews with a Registered Nursing Staff member and the DOC. [s. 30. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any actions taken with respect to a resident under a program, including assessments, reassessment, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 21st day of October, 2021

[redacted]

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.